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Professional Experiences:

Dean of Academic Affairs, Doctoral Program for The Interdisciplinary Council for Developmental and Learning Disorders, Kentfield, California.

Teaching Faculty, Doctoral Program for The Interdisciplinary Council for Developmental and Learning Disorders;

Training Faculty for the ICDL Institute;

Adjunct Professor, Department of Education, Madonna University. Teach the Foundations of Autism course in the Master's Program

One of two people in Michigan who has certification in Developmentally-Based, Individual Difference, Relationship-Based Therapy (DIR)

Private Practice- Licensed Psychologist

Autism is not a single disorder. Like other biological disorders, autism involves a number of different brain systems. The fact that autism involves many brain systems results in comorbidities, i.e., more than one disorder present at the same time. For example, children on the autism spectrum often have severe emotional meltdowns. It is now known that in a large number of families with children on the autism spectrum there is a history of mood disorders. We now understand that mood disorders and autism spectrum disorders are often seen together. When we also treat the mood disorder component along with autism we are able to alleviate symptoms that we previously did not understand. Thus, if we narrow medical coverage to "only" autism we are likely to leave other components of the disorder untreated. One of the probable reasons for the difficulty in treating autism is that we approach it as if it was only a single disorder rather than a comorbid disorder that requires multi-disciplinary treatment.

If we understand autism as being a complex neurodevelopmental disorder, then we understand that covering one treatment method does not make sense. One reason why we have not been successful in treating autism is that we have not addressed the multiple levels of the disorder, i.e., physiological dysregulation, attention dysregulation, emotional dysregulation, cognitive dysregulation, and behavioral dysregulation. Many treatments address autism at a behavioral level and thus do not address the core issue that it is a whole brain disorder involving the neural connectivity of the brain affecting each of the aforementioned levels of functioning. Individual treatments focus on what we call "splinters" rather than treating the disorder holistically. We see children who make the greatest gains as those who are involved in multiple simultaneous treatments. There are a number of components to a truly successful treatment. These include:

1. Genetics
2. Neurology
3. Neuropsychology
4. Occupational therapy
5. Speech and Language
6. Therapeutic intervention that includes behavioral, developmental, psychotherapeutic, and educational treatments
7. Parent developmental guidance

Understanding that true treatment involves all of these components makes the idea of covering one treatment modality unethical because it gives parents false hope. Published studies within the last five years have found a number of flaws in the behavioral research. Published behavioral studies do not focus on the entire autism spectrum, but look at a small group of children. Findings in applied behavioral analysis have not been replicated consistently. Moreover, these studies do not address the global issue of "Quality of Life." Studies are focused on small areas of functioning. Successful interventions will address "Quality of Life Issues" including:

1. Emotional well-being;
2. Interpersonal relations;
3. Material well-being;
4. Physical well-being;
5. Self-determination;
6. Social inclusion;
7. Rights- legal, human (dignity and respect).

A single treatment cannot possibly address these critical life skills.

Finally, singling out autism as a disorder to be treated ignores the fact that other disorders have increased. For example bipolar disorder in children that formerly constituted 1% of the population now constitutes 4%. If we go back to the census beginning in 1940, every ten years there are more young children being diagnosed with bipolar disorder and the age at which we are seeing severe mood disturbances is younger in each decade. In addition, we are seeing an increase in pediatric anxiety disorders and pediatric depression. We are in need of medical coverage for all developmental disorders, not just one! Covering a single disorder and a single treatment will result in higher costs rather than lower costs in the long run. Treating a problem the way it needs to be treated, beginning early in children's lives and treating all facets of these disorders will clearly save money and lives. Comprehensive and intensive early intervention has clearly been shown to be more effective than piecemeal treatments that perpetuate symptoms.